

**GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA**

UNSTARRED QUESTION NO:3300
ANSWERED ON:04.08.2017
Out of Pocket Payment
Solanki Dr. Kirit Premjibhai

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether the bulk of the public money spent out of health accounts goes to wages and salaries of human resource instead of providing medical services as revealed by a study and if so, the details thereof and the reasons therefor;
- (b) the steps taken by the Government to address this issue;
- (c) whether the per capita total cost of care is mostly cheaper in the public sector than in the private sector and if so, the details thereof and the reasons therefor;
- (d) the measures undertaken by the Government to resolve the above anomaly;
- (e) whether the bulk of the total money circulating in Indian healthcare comes from Out of Pocket Payment and if so, the details and the reasons therefor; and
- (f) the action taken by the Government to reduce the OOP expenditure of citizens?

Answer

ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND
FAMILY WELFARE
(SMT. ANUPRIYA PATEL)

(a) & (b): Data on wages and salaries towards human resources or any factors of providing healthcare, is not published in the National Health Accounts (NHA) Estimation for India 2013-14 and other reports based on the NHA estimates 2013-14. However, a study of State Health Accounts conducted by Public Health Foundation of India (PHFI) indicates the proportion of public money spent on wages and salaries of human resources in Kerala (65%), Madhya Pradesh (52%) and Maharashtra (72%) in Financial Year 2013-14. The detailed methodology, authenticity and veracity of the study is not known by the Ministry.

(c) & (d): As per the Publication titled "Health in India – NSS 71st Round" (January-June 2014) brought out by the National Sample Survey Organisation (NSSO), the rural population spent, on an average, Rs.5636 for a hospitalised treatment in a public sector hospital and Rs.21,726 for that in a private sector hospital. In Urban area it was Rs. 32375 in private hospital and Rs.7670 in public hospital.

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The health care in India comprises of a mix of both public and private sector. While the private sector is generally guided by the profit motive, the underlying sentiment of the public health system in India is to provide accessible, affordable and accountable health care services especially to the poor and vulnerable sections of the population.

(e): As per National Health Accounts Estimates for India 2013-14, out of pocket spending as percentage of total health expenditure is estimated at 64.21%.

(f): Public health and hospitals being a State subject, the primary responsibility of providing accessible, affordable and quality healthcare lies with respective State Governments. Under National Health Mission to reduce out of pocket expenditure on healthcare, support is being provided to States/UTs for strengthening of their healthcare system based on the requirements posed by them in their Programme Implementation Plans.

In order to reduce the out of pocket expenditure of the people of the country, especially the poor, the Government of India has taken several steps which inter-alia includes:

â€¢ Implementation of National Health Mission Free Drugs and Free Diagnostic initiative to provide essential drugs and diagnostics free of cost in public health facilities.

â€¢ Implementation of Janani Shishu Suraksha Karyakaram (JSSK), Rashtriya Bal Swasthya Karyakaram (RBSK), Rashtriya Kishor Swasthya Karyakaram (RKSK) and implementation of other National programmes like Revised National Tuberculosis Control Programme (RNTCP), National Vector Borne Disease Control Programme (NVBDCP), National Leprosy Eradication Programme (NLEP), National AIDS Control Programme (NACP) etc. where free treatment is provided to patients of Tuberculosis (TB), HIV/AIDS, Vector Borne, Leprosy diseases etc.

â€¢ Decision to transform Sub-Health Centres/PHCs to Health and Wellness Centres to provide comprehensive primary care, to undertake promotive and health promotion activities.

â€¢ Screening and Management of 5 common NCDs of hypertension, diabetes, and cancers of oral, cervix and breast.

â€¢ Pradhan Mantri National Dialysis Programme for free dialysis services to the poor in district hospitals.

â€¢ Making `available tertiary health care services in the public sector through strengthening of hospitals, establishment of AIIMS institutions in the States and up-gradation of existing Government medical colleges across the country.

â€¢ Making available quality generic medicines at affordable prices to all, under 'Jan Aushadhi Scheme', in collaboration with the State Governments.

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